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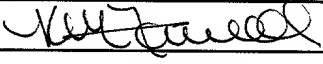
PTO/58/05 (12-97)

Approved for use through 9/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No.	JL-2010	Total Pages	68
		First Named Inventor or Application Identifier			
		Derry Roopenian			
		Express Mail Label No.	EL848696180US		
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)		6. <input type="checkbox"/> Microfiche Computer Program (Appendix)			
2. <input checked="" type="checkbox"/> Specification [Total Pages 68] (preferred arrangement set forth below)		7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)			
- Descriptive title of invention.		a. <input type="checkbox"/> Computer Readable Copy			
- Cross References to Related Applications.		b. <input type="checkbox"/> Paper Copy (identical to computer copy)			
- Statement Regarding Fed sponsored R & D.		c. <input type="checkbox"/> Statement verifying identity of above copies			
- Reference to Microfiche Appendix.					
- Background of the Invention.		ACCOMPANYING APPLICATION PARTS			
- Brief Summary of the Invention.		8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))			
- Brief Description of the Drawings (if filed).		9. <input type="checkbox"/> 37 CFR 3.73(b) Statement			
- Detailed Description.		<input type="checkbox"/> Power of Attorney (when there is an assignee)			
- Claim(s).		10. <input type="checkbox"/> English Translation Document (if applicable)			
- Abstract of the Disclosure.		11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449			
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 8]		<input type="checkbox"/> Copies of IDS Citations			
4. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 2]		12. <input type="checkbox"/> Preliminary Amendment			
a. <input type="checkbox"/> Newly executed (original or copy)		13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)			
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.53(d))		(Should be specifically itemized)			
c. <input checked="" type="checkbox"/> Unexecuted		14. <input type="checkbox"/> Small Entity Statement(s)			
(for continuation/divisional with Box 17 completed)		<input type="checkbox"/> Statement filed in prior application.			
[Note Box 5 below]		Status still proper and desired.			
1. <input type="checkbox"/> DELETION OF INVENTOR(S)		15. <input type="checkbox"/> Certified Copy of Priority Document(s)			
Signed statement attached deleting		(if foreign priority is claimed)			
inventor(s) named in the prior		16. <input checked="" type="checkbox"/> Other: Application Data Sheet			
application, see 37 CFR 1.63(d)(2) and					
1.33(b).					
5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked)					
The entire disclosure of the prior application, from which a					
copy of the oath or declaration is supplied under Box 4b, is					
considered as being part of the disclosure of the accompanying					
application and is hereby incorporated by reference therein.					
17. If a CONTINUING APPLICATION, check appropriate box and supply the required information:					
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____					

18. CORRESPONDENCE ADDRESS					
NAME	Kevin M. Farrell, P.C.				
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19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED					
NAME	Kevin M. Farrell				
SIGNATURE					
DATE	11/6/01				

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TOP SECRET

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Derry Roopenian

Prior Application No.: 60/266,649

Prior Filing Date: February 6, 2001

Title: FcRn-BASED THERAPEUTICS FOR THE TREATMENT OF AUTO-
IMMUNE DISORDERS

FEE TRANSMITTAL FORM

BOX PATENT APPLICATION

Assistant Commissioner for

Patents

Washington, DC 20231

Dear Sir:

The filing fee for the referenced application has been
calculated as shown below.

CLAIMS	FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATION
	TOTAL CLAIMS	80-20 =	60	X 18	1,080
	INDEPENDENT	31-3=	28	x 84	2,352
	MULTIPLE DEPENDENT CLAIMS			280	
	BASIC FEE				740
	SUBTOTAL				4,172
	Reduction by 50% for filing by small entity				
	TOTAL =				2,086

_____ Please charge my Deposit Account No. 06-0130 in the amount of \$_____. Two copies of this transmittal are enclosed.

_____ A check in the amount of \$____. to cover the filing fee is enclosed. Any deficiency or overpayment should be charged or credited to Deposit Account No. 06-0130.

Respectfully submitted,



Kevin M. Farrell
Registration No. 35,505
Attorney for Applicant(s)
(207) 363-0558

York Harbor, ME

Dated: 11/6/01

JL\ARC\2010.FEE

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